N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

AUG 25 1936

Do not use this space.
27859 J.
27854

1. PLACE OF DEATH
County St Louis. Registration District No. 785
Township Bonhomme Primary Registration District No. 6031
City Barretts Sta. (No. Barretts Station Rd. St. Ward)

File No.
Registered No. 91

2. FULL NAME Nancey Walsh
(a) Residence, No. Barretts Sta., Rd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barretts Station Mo.

FATHER
13. NAME Patrich Walsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret O'Connell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Cathrine Steel
(ADDRESS) Barretts Sta Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 7-28-36, 19

19. UNDERTAKER Louis H. Bopp
(ADDRESS) Kirkwood Mo.

20. FILED 7-26-, 1936 Agnes C Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27th, 1936, to July 25, 1936
I last saw her alive on July 25th, 1936 Death is said to have occurred on the date stated above, at 12 PM
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia — Date of onset 1/5/36

Other contributory causes of importance:

Influenza

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. P. Dunn, M. D.
(Address) Valley Park Mo